



JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

INSTRUCTIONS

Thank you for your interest in entering a Memorandum of Understanding with the California Department of Health Care Services (DHCS). Please take the following steps to tailor the form for your county and submit your request:

1. Replace all bolded instances of: COUNTY IHSS AGENCY, COUNTY INVESTIGATIONS AGENCY, and COUNTY (including the ones in the title) with the appropriate name and/or abbreviation for the entity that fills that role in your county.
2. Update the signature blocks and have the appropriate authority sign the document.
3. Scan and forward a copy of the signed document to fraud@dhcs.ca.gov (you can also send any questions to this vanity email).
4. Forward the original document with the appropriate signatures to:

Department of Health Care Services
Investigations Branch
P.O. Box 997413, MS 2500
Sacramento, CA 95899-7413

Attention: Intake Manager

Upon receipt, DHCS will review the MOU request. When the Chief of the DHCS Investigations Branch (IB) approves the request, DHCS will execute the contract and return a signed copy for your records.

Please note- Do not proceed with the terms of the contract until you have a copy of the fully executed contract signed by the IB Chief of Investigations, the contract is not fully executed until signed by all parties.